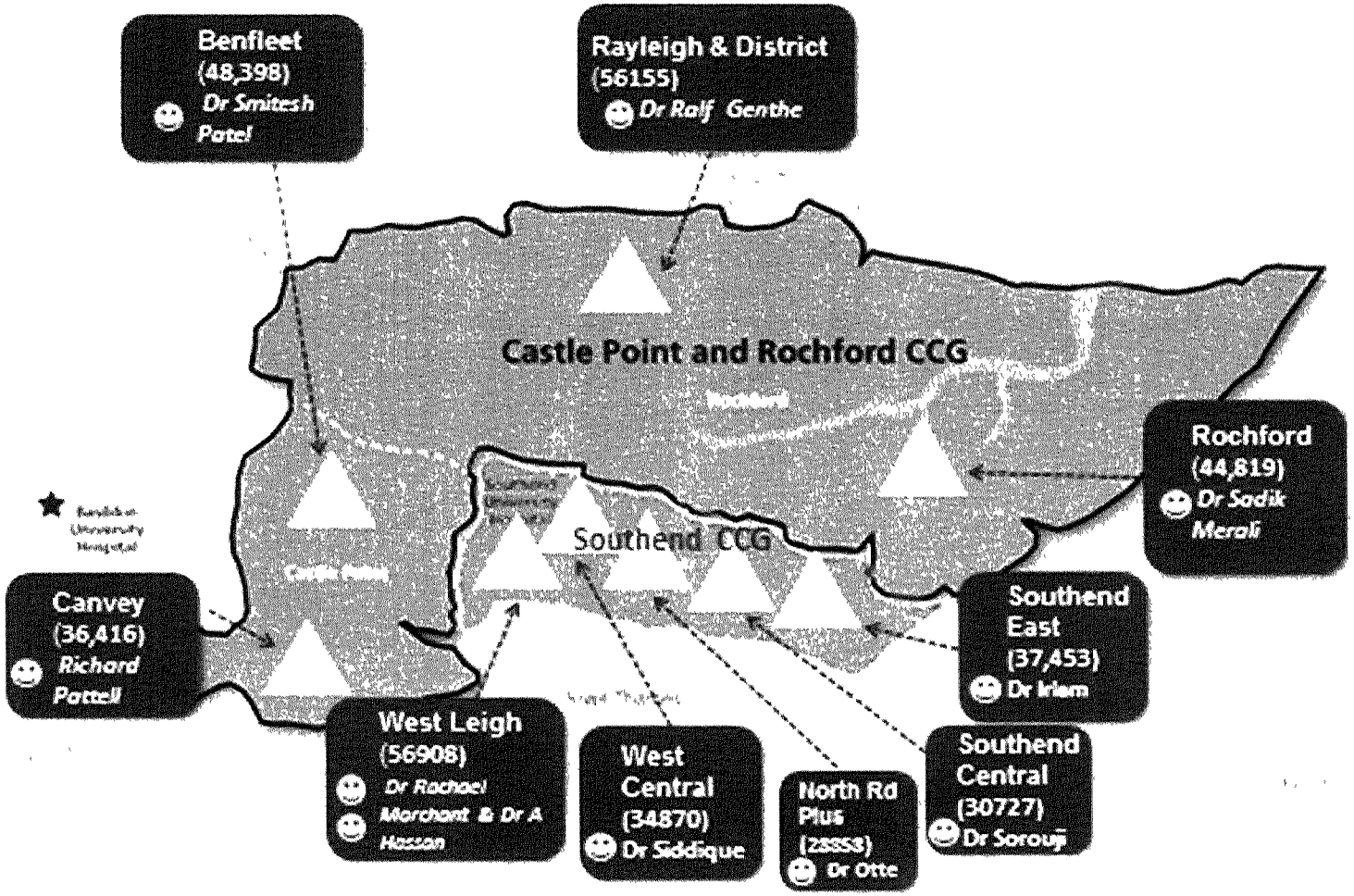
Our PCN landscape



Our PCN landscape

Castle Point and Rochford				Southend			
PCN	**Member Practices**		**List Size (Jan 19)**	**PCN**	**Member Practices**		**List Size (Jan 19)**
Benfleet	F81001	Dr Khan & Ptns	12980	**North Road Plus**	F81003	Carnarvon MC	6056
	F81032	Dr PA Patel	2931		F81147	Central Surgery North Rd PCC	5259
	F81075	The Hollies Surgery	13167		F81164	West Rd	11109
	F81101	Essex Way Surgery	5551		Y02707	St Luke's HC	6434
	F81142	St George's Medical Practice	6702				**28858**
	F81618	High Road Family Doctors	3880				
	F81713	Benfleet Surgery	3187				
			48398				
Canvey	F81051	Third Avenue Health Centre	7186	**Southend Central**	F81081	Queensway MC	19797
	F81096	Oaklands Surgery	10178		F81176	North Avenue Surgery	2595
	F81205	Dr Ghauri	6202		F81656	Warrior Square Surgery	2944
	F81700	Dr Richards	4481		Y02177	The Practice Northumberland Ave	5391
	F81739	The Island Surgery	6429				**30727**
	F81740	Dr Chaudhury	1940				
			36416				
Rayleigh & District	F81061	Dr Connor & Ptns	6884	**Southend East**	F81086	Central Surgery Southchurch Blvd	7777
	F81065	William Harvey Surgery	4217		F81121	Thorpe Bay Surgery	7111
	F81066	The Greensward Surgery	6215		F81209	The Shaftesbury Surgery	2719
	F81123	Audley Mills Surgery	21423		F81613	Dr Kumar & Ptns	7318
	F81125	Church View Surgery	13968		F81649	Dr Palacin	3910
	F81704	Downhall Park Surgery	3448		F81684	North Shoebury Surgery	6345
			56155		F81688	Dr Dhillon	2273
							37453
Rochford	F81007	Dr Puzey, Kothari & Nanda	21283	**West Central**	F81092	Dr Sooriakumaran	4770
	F81089	Wakering Medical Centre	10438		F81097	Valkyrie Surgery	16860
	F81675	The Practice Leecon Way	3875		F81159	Southend MC	5272
	F81690	Ashingdon Medical Centre	9223		F81207	Dr Bekas	2008
			44819		F81223	Dr Malik	3221
					F81744	Scott Park Surgery	2739
							34870
				West Leigh	F81046	Dr Krishnan	5060
					F81112	Highlands Surgery	13236
					F81128	Eastwood Group Practice	11879
					F81144	The Pall Mall Surgery	21308
					F81200	Dr Sathanandan	3382
					F81696	The Leigh Surgery	2043
							56908

PCN Maturity Matrix

NHS

	Foundation	Step 1	Step 2	Step 3
Leadership, planning and partnerships **Prospectus Domains:** Leadership, OD, Change management, CD leadership	For PCNs • The PCN can articulate a clear vision for the network and actions for getting there GPs, local primary care leaders, local people and community organisations, the voluntary sector and other stakeholders are engaged to help shape this • Clinical directors are able to access leadership development support	For PCNs: • The organisations within the PCN have agreed shared development actions and priorities • Joint planning is underway to improve integration with broader 'out of hospital' services as networks mature. There are developing arrangements for PCNs to collaborate for services delivered optimally above the 50k footprint. • There are local arrangements in place for the PCN (for example through the PCN Clinical Directors) to be involved in place/system strategic decision-making that both supports collaboration across networks and with wider providers including NHS Trusts/FTs and local authorities	For PCNs, • The PCN has established an approach to strategic and operational decision-making that is inclusive of providers operating within the network footprint and delivering network-level services There are local governance arrangements in place within networks to support integrated partnership working. • The PCN Clinical Director is working with the ICS/STP leadership to share learning and support other PCNs to develop.	For PCNs: • PCN leaders are fully participating in the decision making at the system and relevant place levels of the ICS/STP. They feel confident and have access to the data they require to make informed decisions.
	For Systems • Systems are actively supporting GP practices and wider providers to start establishing networks and integrated neighbourhood ways of working and have identified resources (people and funding) to support PCNs on their development journey • Systems have identified local approaches and teams to support PCN Clinical Directors with the establishment and development of networks and for clinical directors in their new roles	For Systems. • Primary care is enabled to have a seat at the table for system and place strategic planning • As set out in the LTP, there is a system level strategy for PCN development and transformation funding, with support made available for PCN development. System leaders supports PCN clinical directors to share learning and support development across networks.	For Systems. • Primary care is enabled to play an active role in strategic and operational decision-making, for example on Urgent and Emergency Care. Mechanisms in place to ensure effective representation of all PCNs at the system level • PCN Clinical Directors work with the ICS/STP leadership to share learning and work collaboratively to support other PCNs	For Systems • Primary care leaders are decision making members of the ICS and place level leadership, working in tandem with partner health and care organisations to allocate resources and deliver care.
Use of data and population health management **Prospectus Domain:** Population Health Management	For PCNs • The PCN is using existing readily available data to understand and address population needs, and are identifying the improvements required for better population health	For PCNs: • Analysis on variation in outcomes and resource use between practices and PCNs is readily available and acted upon. • Basic population segmentation is in place, with understanding of key groups, their needs and their resource use. This should enable networks to introduce targeted interventions, which may be initially focussed on priority population cohorts • Data and soft intelligence from multiple sources (including and wider than primary care) is being used to identify interventions	For PCNs • All primary care clinicians can access information to guide decision making, including identifying at risk patients for proactive interventions, IT-enabled access to shared protocols, and real-time information on patient interactions with the system • Functioning interoperability within networks, including read/write access to records,,	For PCNs. • Systematic population health analysis allows the PCN to understand in depth their population's needs, including the wider determinants of health, and design interventions to meet them, acting as early as possible to keep people well and address health inequalities The PCN's population health model is fully functioning for all patient cohorts • Ongoing systematic analysis and use of data in care design, case management and direct care interactions support proactive and personalised care
	For Systems • Infrastructure is being developed for PHM in PCNs including facilitating access to data that can be used easily, developing information governance arrangements & providing analytical support	For Systems: • Basic data sharing, common population definitions, and information governance arrangements have been established that supports PCNs with implementation of PHM approaches. • There is some linking of data flows between primary care, community services and secondary care	For Systems: • There is a data and digital infrastructure in place to enable a level of interoperability within and across PCNs and other system partners, including wider availability of shared care records • Analytical support, real time patient data and PHM tools are made available for PCNs to help understand high and rising risk patients and population cohorts, and to support care design activities.	For Systems • Full interoperability is in place across the organisations within PCNs, including shared care records across providers. • System partners work with PCNs to design proactive care models and anticipatory interventions based on evidence to target priority patient groups and to reduce health inequalities

PCN Maturity Matrix

NHS

	Foundation	Step 1	Step 2	Step 3
Integrating care **Prospectus Domain:** Collaborative Working (MDTs)	For PCNs • The PCN is starting to build local plans for improving the integration of care for their populations, informed by the Long Term Plan, GP contract framework and locally agreed system/place priorities • The PCN is aware of the organisations they need to engage to develop multi-agency approaches to integrated care and are beginning to make initial approaches For Systems • Systems support the PCNs to build relationships across physical and mental health service providers and social care partners to facilitate the delivery of integrated care	For PCNs • Integrated teams, which may include social care, are working within the network and supporting delivery of integrated care to the local population. Plans are in place to develop MDT ways of working, including integrated rapid response community teams and the delivery of personalised care. • Components of comprehensive models of care are defined for all population groups, with clear gap analysis and workforce plans. For Systems: • Systems support the building of relationships across providers of physical and mental health services, and social care partners • System workforce plans supports the development of integrated neighbourhood teams.	For PCNs • Early elements of new models of care defined at Step 1 now in place for most population segments, with integrated teams including social care, mental health, the voluntary sector and ready access to secondary care expertise. Routine peer review takes place. • The PCN and other providers have in place supportive HR arrangements (e g formalised integrated team governance and operational management) that enable multi-agency MDTs to work together effectively. For Systems • There is continued development of partnerships across primary care, community services, social care, mental health, the voluntary sector and secondary care that are enabling on-going MDT development Workforce sharing protocols in place	For PCNs: • Fully integrated teams are in place within the PCN, comprising of the appropriate clinical and non-clinical skill mix MDT working is high functioning and supported by technology. The MDT holds a single view of the patient. Care plans and co-ordination in place for all high risk patients. • There are fully interoperable IT, workforce and estates across the PCN, with sharing between networks as needed For Systems • Systems have developed and implemented integrated care models that meet with objectives of the LTP.
Managing resources	For PCNs • Primary care, in particular general practice, has the headroom to make change • There are people available with the right skills to make change happen For Systems • System plan in place to support managing collective financial resources that includes PCNs • PCN development support funding is being used to address PCN development needs	For PCNs. • Steps taken to ensure operational efficiency of primary care delivery, such as delivering the Time to Care programme, and support general practices experiencing challenges in delivery of core services For Systems • Systems have put in place arrangements that support PCNs with improvements in the efficiency of primary care delivery and enable PCNs to make optimum use of their resources	For PCNs • The PCN has sight of resource use and impact on system performance and can pilot new incentive schemes where agreed locally For Systems: • Systems support networks to have sight of resource use and impact on system performance and that can enable piloting of new incentive schemes	For PCNs: • The PCN takes collective responsibility for managing the resource flowing to the network Data is used in clinical and non-clinical interactions to make best use of resources For Systems. • Systems support PCNs to take collective responsibility for managing the resource flowing to the network and use data in clinical and non-clinical interactions to make best use of resources
Working in partnership with people and communities **Prospectus Domain:** Asset based community development & social prescribing	For PCNs • Approach agreed to engaging with local communities • Local people and communities are informed and there are routes for them contribute to the development of the PCN For Systems. • Systems are providing PCNs with expertise to support local involvement of people and communities	For PCNs • The PCN is engaging directly with their population and are beginning to develop trusted relationships with wider community assets. • The PCN has undertaken an assessment of the available community assets that can support improvements in population health and greater integration of care. • The PCN has established relationships with local voluntary organisations and their local Healthwatch For Systems: • Systems have put in place arrangements to support PCNs to develop local asset maps in partnership with their local community to enable models of social prescribing for personalised care.	For PCNs: • The PCN is routinely connecting with and working in partnership with wider community assets in meeting their population's needs • Insight from local people and communities, voluntary sector is used to inform decision-making. • Community networks are understood and connected to the PCN. For Systems. • Systems are facilitating effective partnerships with local community assets within PCN footprints. • The system is developing a strategy to support communities to develop and build particularly in those areas that face the greatest inequalities	For PCNs • The PCN has fully incorporated integrated working with local Voluntary, Community and Social Enterprise (VCSE) organisations as part of the wider network • Community representatives, and community voice, are embedded into the PCN's working practices, and are an integral part of PCN planning and decision-making. • The PCN has built on existing community assets to connect with the whole community and codesign local services and support. For Systems • The community assets and partnerships developed by PCNs are being connected in to strategic planning at place and system level